

SPECIMEN 171-205-5129-0	TYPE S	PRIMARY LAB MB	REPORT STATUS COMPLETE	Page #: 2	
ADDITIONAL INFORMATION					
STATON		FASTING: Y DOB: 8/24/1963			
PATIENT NAME FOUNTAIN, TONY		SEX M	AGE(YR./MOS.) 40 / 10		
PT. ADD.:					
DATE OF SPECIMEN 6/25/2004	TIME 9:00	DATE RECEIVED 6/25/2004	DATE REPORTED 6/26/2004	TIME 7:41	2194
TEST			RESULT		

CLINICAL INFORMATION	
CD- 41147602673	
PHYSICIAN ID. SONNIER M	PATIENT ID. 152157
ACCOUNT: STATION CORRECTIONAL FACILITY	
PRISON HEALTH SERVICES	
2690 Marion Spillway Road	
Elmore	AL 36205-0000
ACCOUNT NUMBER: 01308900	

TEST		RESULT		LIMITS	LAB
	2+ Risk Factors <130	>or=130		>or=130	
	0-1 Risk Factors <160	>or=160		>or=190	
V	T. Chol/HDL Ratio	5.6H	ratio units	0.0 - 5.0	
V	Estimated CHD Risk	1.1H	times avg.	0.0 - 1.0	

	Men	Women
1/2 Avg.Risk	3.4	3.3
Avg.Risk	5.0	4.4
2X Avg.Risk	9.6	7.1
3X Avg.Risk	23.4	11.0

	No hypothepad	\$x\$ MB	<i>will repeat</i>
		MB	
	0.350 - 5.500	MB	

Thyroid				MB
TSH	6.377H	uIU/mL	0.350 - 5.500	MB
Thyroxine (T4)	6.6	ug/dL	4.5 - 12.0	MB
T3 Uptake	35	%	24 - 39	MB
Free Thyroxine Index	2.3		1.2 - 4.9	
CBC, Platelet Ct, and Diff				MB
White Blood Cell (WBC) Count	5.0	x10E3/uL	4.0 - 10.5	MB
Red Blood Cell (RBC) Count	4.90	x10E6/uL	4.10 - 5.60	MB
Hemoglobin	15.2	g/dL	12.5 - 17.0	MB
Hematocrit	44.6	%	36.0 - 50.0	MB
MCV	91	fL	80 - 98	MB
MCH	31.0	pg	27.0 - 34.0	MB
MCHC	34.1	g/dL	32.0 - 36.0	MB
RDW	13.3	%	11.7 - 15.0	MB
Platelets	206	x10E3/uL	140 - 415	MB
Polys	47	%	40 - 74	MB
Lymphs	45	%	14 - 46	MB
Monocytes	5	%	4 - 13	MB
Eos	3	%	0 - 7	MB
Basos	0	%	0 - 3	MB
Polys (Absolute)	2.4	x10E3/uL	1.8 - 7.8	MB
Lymphs (Absolute)	2.3	x10E3/uL	0.7 - 4.5	MB
Monocytes (Absolute)	0.3	x10E3/uL	0.1 - 1.0	MB

Continued on Next Page

6729/0



Laboratory Corporation of America

SPECIMEN 177-205-5129-0	TYPE S	PRIMARY LAB MB	REPORT STATUS COMPLETE	Page #: 3
ADDITIONAL INFORMATION				
STATON		FASTING: Y DOB: 8/24/1963		
PATIENT NAME FOUNTAIN, TONY		SEX M	AGE(YR./MOS.) 40 / 10	
PT. ADD.:				
DATE OF SPECIMEN 6/25/2004	TIME 9:00	DATE RECEIVED 6/25/2004	DATE REPORTED 6/26/2004	TIME 7:41 2194

CLINICAL INFORMATION CD- 41147602673	
PHYSICIAN ID. SONNIER M	PATIENT ID. 152157
ACCOUNT: STATON CORRECTIONAL FACILITY PRISON HEALTH SERVICES 2690 Marion Spillway Road Elmore AL 36205-0000	
ACCOUNT NUMBER: 01308900	

TEST	RESULT	LIMITS	LAB
Eos (Absolute Value)	0.2 x10E3/uL	0.0 - 0.4	MB
Baso (Absolute)	0.0 x10E3/uL	0.0 - 0.2	MB

LAB: MB LabCorp Birmingham
1801 First Avenue South, Birmingham, AL 35233-0000

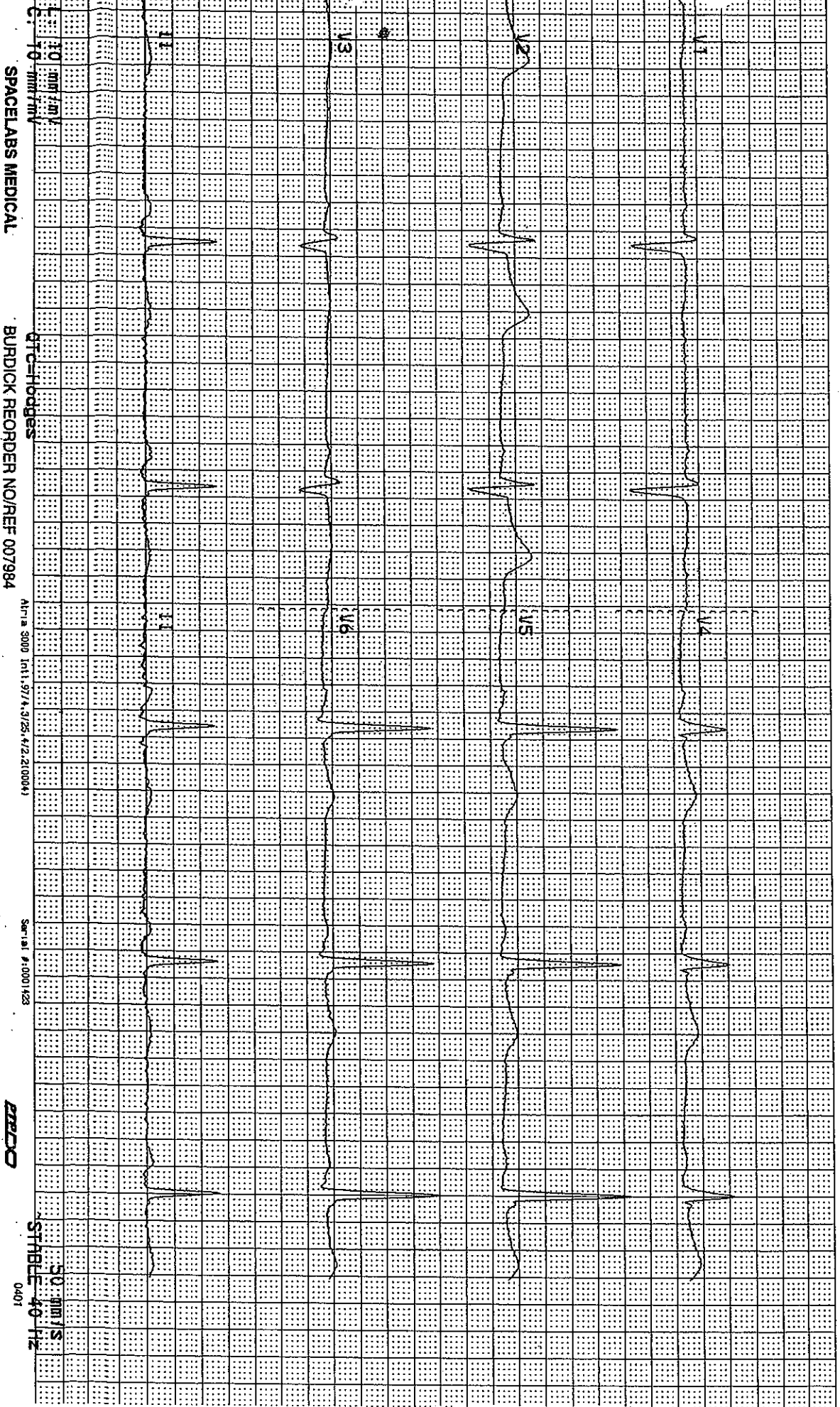
DIRECTOR: Arthur Kelly G MD

* Unconfirmed Analysis *

Summary: NORMAL ECG

D.O.B.:	08/24/1962	41 YEARS	Vent. Rate:	63 bpm
MALE	BLACK		RR Interval:	940 ms
Dr: sonnier	er		PR Interval:	140 ms
Tech: orum			QRS Duration:	96 ms
			QT Interval:	404 ms
			QTc Interval:	409 ms
			QT Dispersion:	54 ms
			P-R-T AXIS:	67° 51° 4°

Comment: station



SPACELABS MEDICAL

BURDICK REORDER NO/REF 007984

Alt: 3000 Int: 97.4/3/25.4/2.2/0064

Serial #10001123

PRDO

STABLE 40 Hz

Specimen #	Type	Primary I	Status	PG
085-205-0189-C	S	MB	FINAL	1
Additional Information				
DOB: 08/26/63				
CD- 51509100007				
Patient Name	Sex	Age (Yr/Mos)		
FOUNTAIN, TONY	M	037/07		
Patient Address				
Date Collected	Date Entered	Date Reported		
03/26/01	03/26/01	03/27/01	3483	

LabCorp®

03 01

Clinical Information		03/27/01 09:16
Physician ID	TAYLOR	Patient ID
		152157 150
Account		
STATON CORRECTIONAL CENTER		0133010
HIGHWAY 143		02
ELMORE, AL 36025-		02
334-567-1548		ALY

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
-------	--------	------	-------	--------------------	-----

Hemoglobin A1c

Hemoglobin A1c	5.5	%	4.5 - 5.7	MB
----------------	-----	---	-----------	----

(Factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control)

The following ranges may be used for interpretation of results:

HgbA1c degree of glucose control:

>8% Action suggested*

<7% Goal of Diabetic Therapy**

<6% Normal

*High risk of developing long term complications such as retinopathy, nephropathy, neuropathy, cardiopathy, etc. **Some danger of hypoglycemic reaction in type I diabetics. Some glucose intolerant individuals and "sub-clinical" diabetics may demonstrate HgbA1c levels in this area.

HgbA1c may be overestimated in diabetic patients exhibiting poor control and who are also heterozygous or homozygous for HgbS or HgbC. Total glycohemoglobin is a better indicator diabetic control in patients with these hemoglobin variants.

LAB: MB LABCORP BIRMINGHAM

DIRECTOR: JAMES DAVIS III, MD

1801 FIRST AVENUE SOUTH BIRMINGHAM, AL 35233-0000

IF YOU HAVE ANY QUESTIONS CONTACT - BRANCH: 800-659-3324 LAB: 205-581-3500
LAST PAGE OF REPORT

U/A DIPSTICK REPORT STATON HEALTH CARE UNIT

NAME Fountain Tony AIS# 152157 R/S B/m

FACILITY: Staton DOB: _____ AGE: _____

COLLECTION DATE: 3/19/01 TIME: _____

ANNUAL PHYSICAL _____ RANDOM ☒ REPEAT _____ DAILY _____

AFTER RX COMPLETION: _____ CHRONIC CARE CLINIC PROTOCOL _____

URINE APPEARANCE: COLOR: Straw CLARITY Clear ODOR +

SPECIFIC GRAVITY: 1.020

PH: 5

LEUKOCYTES: +

NITRATE: +

PROTEIN: +

GLUCOSE: 100 mg/dL

KETONES: +

UROBILINOGEN: +

BILIRUBIN +

BLOOD OR HEOGLOBIN: +

WNL: _____ ABNORMAL: ☒

OBTAINING NURSE'S SIGNATURE: SDavis Lpn, 3/19/01

REVIEWING PHYSICIAN'S SIGNATURE BP Taylor MD 3/19/01

LabCorp®

Specimen #	Type	Primary	Report Status	PG	1
039-205-0122-0	S	MB	FINAL	PG	1
TIME 0730 Additional Information					
DOB: 08/24/62					
CD- 51424721102					
Patient Name			Sex	Age (Yr/Mos)	
FOUNTAIN, TONY			M	038/05	
Patient Address					
Date Collected	Date Entered	Date Reported	3057		
02/07/01	02/08/01	02/09/01	3057		

03 01

Clinical Information		02/09/01 07:04
Physician ID	MOUTON	Patient ID
MOUTON		152157
Account		
STATON CORRECTIONAL CENTER 01330		
CORRECTIONAL MEDICAL SERVICES 02		
HIGHWAY 143 02		
ELMORE, AL 36025-		
334-567-2221 ALY		

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
-------	--------	------	-------	--------------------	-----

CMP12+8AC

CHEMISTRIES

Glucose, Serum	103		mg/dL	65 - 109	
Uric Acid, Serum	3.9		mg/dL	2.4 - 8.2	
BUN	5		mg/dL	5 - 26	
Creatinine, Serum	0.9		mg/dL	0.5 - 1.5	
BUN/Creatinine Ratio	5				
Sodium, Serum	140		mmol/L	135 - 148	
Potassium, Serum	4.4		mmol/L	3.5 - 5.5	
Chloride, Serum	103		mmol/L	96 - 109	
Calcium, Serum	10.0		mg/dL	8.5 - 10.6	
Phosphorus, Serum	3.4		mg/dL	2.5 - 4.5	
Protein, Total, Serum	7.7		g/dL	6.0 - 8.5	
Albumin, Serum	4.3		g/dL	3.5 - 5.5	
Globulin, Total	3.4		g/dL	1.5 - 4.5	
A/G Ratio	1.2			1.1 - 2.5	
Bilirubin, Total	0.7		mg/dL	0.1 - 1.2	
Alkaline Phosphatase, Serum	93		IU/L	25 - 150	
LDH	149		IU/L	100 - 250	
AST (SGOT)	24		IU/L	0 - 40	
ALT (SGPT)	25		IU/L	0 - 40	
GGT	28		IU/L	0 - 65	
Iron, Serum	104		mcg/dL	40 - 160	

File 1/24/01
(2-9-01)
1/15

LIPIDS

Cholesterol, Total	215		H mg/dL	100 - 199	
Triglycerides	77		mg/dL	0 - 199	

CBC WITH DIFFERENTIAL/PLATELET

White Blood Cell (WBC) Count	4.4		X 10 ³ /uL	4.0 - 10.5	
Red Blood Cell (RBC) Count	4.64		X 10 ⁶ /uL	4.10 - 5.60	
Hemoglobin	14.3		g/dL	12.5 - 17.0	
Hematocrit	42.9		%	36.0 - 50.0	
MCV	92		fL	80 - 98	
MCH	30.8		pg	27.0 - 34.0	
MCHC	33.4		g/dL	32.0 - 36.0	
RDW	12.9		%	11.7 - 15.0	
Platelets	218		X 10 ³ /uL	140 - 415	
Polys		39	L %	40 - 74	
Lymphs	46		%	14 - 46	
Monocytes	9		%	4 - 13	
Eos	5		%	0 - 7	
Basos	1		%	0 - 3	
Polys (Absolute)		1.7	L X 10 ³ /uL	1.8 - 7.8	
Lymphs (Absolute)	2.0		X 10 ³ /uL	0.7 - 4.5	
Monocytes (Absolute)	0.4		X 10 ³ /uL	0.1 - 1.0	
Eos (Absolute Value)	0.2		X 10 ³ /uL	0.0 - 0.4	
Baso (Absolute)	0.0		X 10 ³ /uL	0.0 - 0.2	

REPORT

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LabCorp®

Specimen# 039-205-0122-0	Type S	Primary MB	Report Status FINAL	PG 2
TIME 0730 Additional Information				
DOB: 08/24/62				
CD- 51424721102				
Patient Name FOUNTAIN, TONY		Sex M	Age (Yr/Mos) 038/05	
Patient Address				
Date Collected 02/07/01	Date Entered 02/08/01	Date Reported 02/09/01	3057	

Clinical Information 02/09/01 07:04	
Physician ID MOUTON	Patient ID 152157
Account STATON CORRECTIONAL CENTER 01330 CORRECTIONAL MEDICAL SERVICES 03 HIGHWAY 143 03 ELMORE , AL 36025- 334-567-2221 ALY	

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LA
LIPID PANEL					
HDL Cholesterol	40		mg/dL	35 - 150	
VLDL Cholesterol Cal	15		mg/dL	5 - 40	
LDL Cholesterol Calc	159	H	mg/dL	0 - 129	

LAB: MB LABCORP BIRMINGHAM

DIRECTOR: JAMES DAVIS III, MD

1801 FIRST AVENUE SOUTH BIRMINGHAM, AL 35233-0000

IF YOU HAVE ANY QUESTIONS CONTACT - BRANCH: 800-659-3324 LAB: 205-581-3500
LAST PAGE OF REPORT

*File/PT
2-9-01
110*

152157

02/07/2001 01:21:58 AM Fountain, Tony
38 years Race: b

BP: 130/80

Operator

Rate	75	Normal sinus rhythm, rate 75	Normal P axis, PR	rate & rhythm
PR	145	Nonspecific inferior T wave abnormalities	T wave - 20	II, III, aVF
QRSD	95	Cannot exclude ischemia	T > -20 mV	
QT	357			
QTc	399			

--AXIS--

P 65

QRS 29

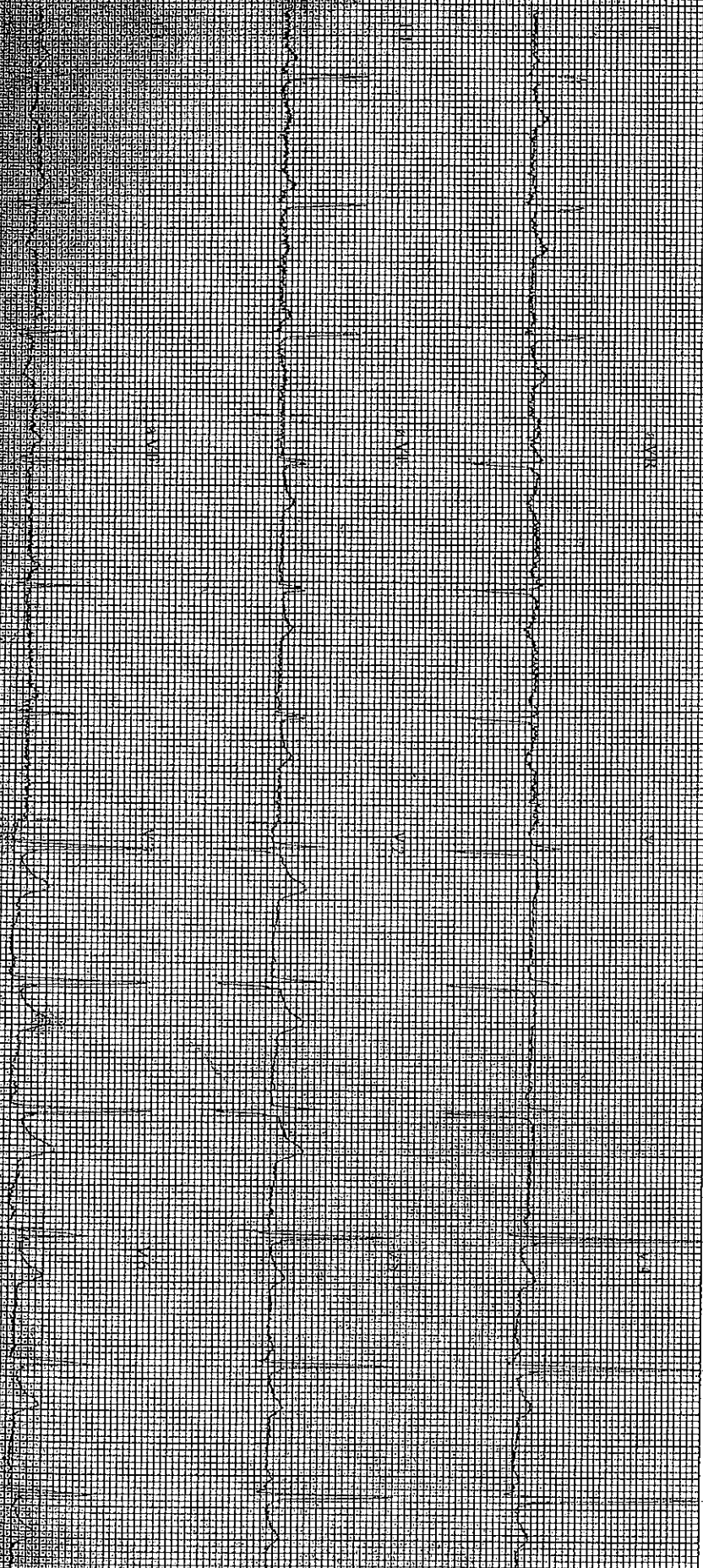
T -12

- ABNORMAL ECG -

[Signature]

Requested by:
md

PRELIMINARY-MD MUST REVIEW



152157

02/07/2001 01:25:14 AM fountain, lony
38 years Race: b

BP: 130/90

Dept: shcu
Room: sec
Oper: bb

Rate 77 Normal sinus rhythm, rate 77..... Normal P axis, PR, rate & rhythm
PR 150
QRSD 90
QT 355
QTc 402

--AXIS--
P 68
QRS 31
T 7

- NORMAL ECG -

10/13/01

Requested by:
md

PRELIMINARY-MD MUST REVIEW



U/A DIPSTICK REPORT

STATON HEALTH CARE UNIT

Name: Fountain, Tony AIS# 152157 R/S Ben
Facility: SCC DOB: 8/26/63 AGE: 37
Collection Date: 10/8/00 Time: 1:00
Annual Physical ☒ Random ☐ Repeat ☐ Daily ☐
After Rx Completion ☐ Chronic Care Clinic Protocol ☐
Urine Appearance: Color yellow Clarity clear Odor 0
UROBILINOGEN: 0
GLUCOSE: 0
KETONES: 0
BILIRUBIN: 0
PROTEIN: 0
NITRATE: 0
LEUKOCYTES: 0
BLOOD: 0 HEMOLIZED: 0
pH: 5
SPECIFIC GRAVITY: 1.000
WNL: ☒ ABNORMAL: ☐
OBTAINING NURSE'S SIGNATURE: M. Smith DATE: 10/8/00
REVIEWING PHYSICIAN'S SIGNATURE: [Signature] DATE:

U/A DIPSTICK REPORT

STATON HEALTH CARE UNIT

Name: Mountain, Tony AIS# 152157 R/S Bm
Facility: SCC DOB: 8/24/63 AGE: 36
Collection Date: 10/30/99 Time: 12:40A
Annual Physical ☒ Random ☐ Repeat ☐ Daily ☐
After Rx. Completion ☐ Chronic Care Clinic Protocol ☐
Urine Appearance: Color Yellow Clarity Clear Odor Neg
Specific Gravity: 1.030
PH: 5.0
LEAKOCYTES: Neg
NITRATE: Neg
PROTEIN: 1+
GLUCOSE: (2+)
KETONES: Negative
UROBILINOGEN: None
BILIRUBIN: Neg
BLOOD: Neg HEMOGLOBIN: None
WNL: ☒ ABNORMAL: ☒
OBTAINING NURSE'S SIGNATURE: [Signature] Date 10-30-99
REVIEWING PHYSICIAN'S SIGNATURE: Alaslogi Date 11/3/99

KILBY CORRECTIONAL FACILITY
PO BOX 11
MT. MEIGS, AL 36057

PATIENT NAME

Lountrix, Tony

PRISON ID

152157

DATE SUBMITTED

11-3-98

BCCF#93114

TEST NAME	RESULT	REFERENCE RANGE	COMMENTS
HIV ANTIBODY		NEGATIVE (NEG)	
RPR	<i>✓ NR</i>	NON-REACTIVE (NR)	
URINALYSIS			
APPEARANCE			
pH		pH 5- pH 6	
PROTEIN		NEGATIVE (NEG)	
GLUCOSE		NEGATIVE (NEG)	
KETONES		NEGATIVE (NEG)	
BILIRUBIN		NEGATIVE (NEG)	
BLOOD		< 5 RBC/MCL	
NITRITE		NEGATIVE (NEG)	
UROBILINOGEN		< 1.0 MG/DL	
LEUK. ESTERASE		NEGATIVE (NEG)	
SPECIFIC GRAVITY		1.016-1.022	

UA DIPSTICK REPORT

NAME Fountain, Tony AIS# 151457

DOB 8/23/63 R/S B/M

DATE 11/28/97 TIME 8³⁰

APPEARANCE: COLOR amber CLARITY clear

SPECIFIC GRAVITY 1.020

LEUKOCYTES neg

NITRATE neg

PH 7

PROTIEN 100

GLUCOSE normal

KETONE neg

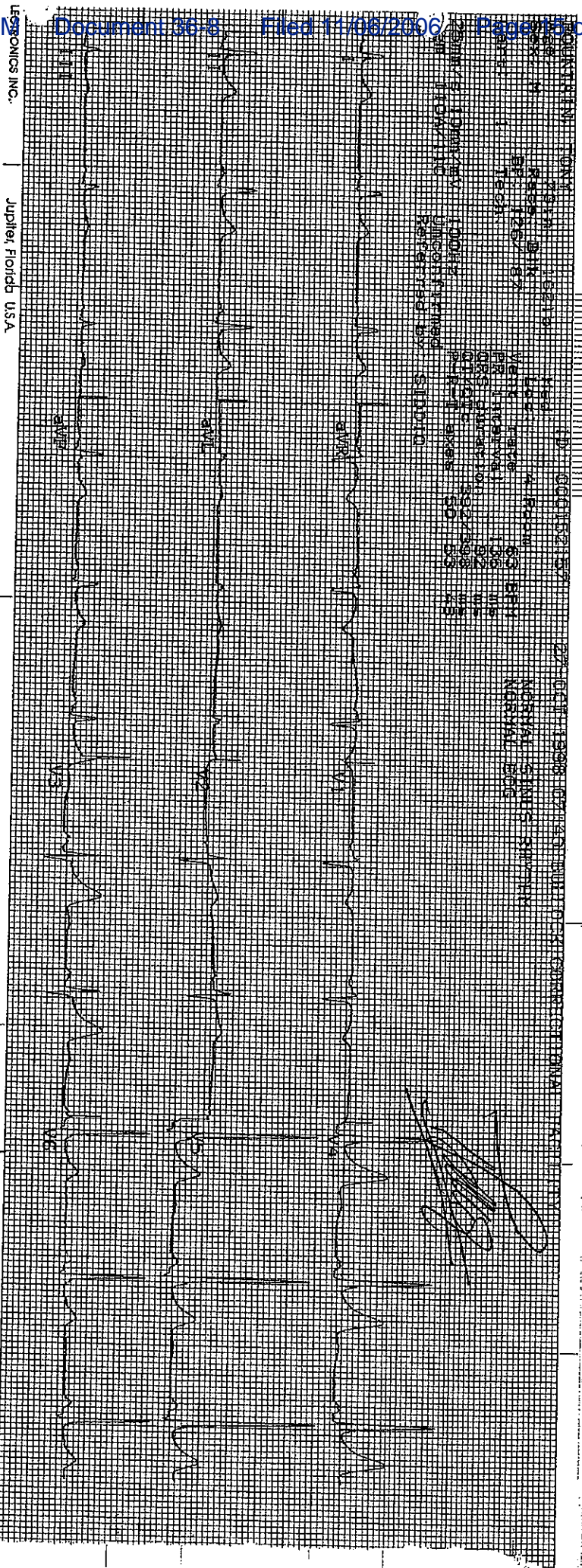
UROBILINOGEN neg

BILIRUBIN neg

BLOOD neg HEMOGLOBIN

NURSE L. Christen Gm. MD. [Signature]

DO NOT REMOVE



DO NOT REMOVE

LEADONICS INC. Jupiter, Florida U.S.A.

LOT

1798

REF 9064-008 500/Box

Manufactured For
marquette
Medical Systems

Jupiter, Florida 33458 U.S.A.
Freiburg im Breisgau, GERMANY

PEEL TO MOUNT CHART/GRAPH

9064-008 UN 4 REV E

Say:

DATE SIGNED _____

Radiology Services Report

NAME: FOUNTAIN, TONY
FACILITY: STATON
D.O.B.: 08/24/63
ID NUMBER: 152157

AP CHEST 06/15/04

FINDINGS: The heart, lungs, and osseous structures are normal. There is no evidence of active TB. No pleural fluid or pneumonia.

IMPRESSION: No acute process in the chest. No change since 2003.

Scott Loveless, M.D.

SV

6/17/04

(nd)

~~Signature~~

X-ray Requisition and Report

Site of Hospital/Infirmary <i>Staton</i>	Date of Request <i>09/09/03</i>	Requested By <i>B. Helms CRNP</i>	Patient Status <input type="radio"/> Inpatient <input checked="" type="radio"/> Outpatient
Examination Requested			

CXR

Clinical Diagnosis

Ray Number	Date of X-Ray <i>9-11-03</i>	Date of PPD Skin Test <i>10/27/02 - PHM</i>	
Report of Findings			

FOUNTAIN, TONY ID 152157

EPA CHEST 09/11/03

NORMAL.

RP

Randall W. Finley, M. D.

Radiology Associates of Alabama, P. C.

*RF**RF**9/18/03*

Physician's Signature

M.D.

Patient's Last Name <i>Fountain</i>	First <i>Tony</i>	Middle	Date of Birth <i>08/26/63</i>	R/S <i>Bm</i>	ID Number <i>152157</i>
--	----------------------	--------	----------------------------------	------------------	----------------------------

X-ray Requisition and Report

RADIOLOGY ASSOCIATES OF ALABAMA, P.C.

P.O. Box 10168 Birmingham, Alabama 35202-0168

NAME: FOUNTAIN, TONY
FACILITY: STATON
DOB 08/24/63
ID # 152157

LUMBAR SPINE 11/16/01
NO HISTORY IS PROVIDED.

FRONTAL AND LATERAL VIEWS DEMONSTRATE NO FRACTURE OR OTHER
ACUTE DISEASE.

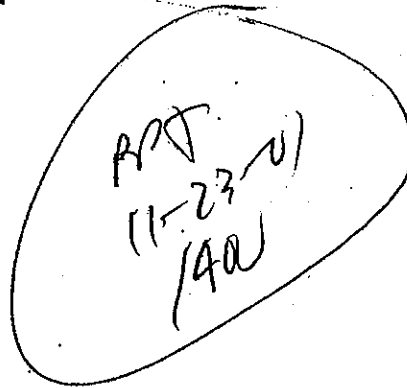
THERE ARE DEGENERATIVE CHANGES PRESENT IN THE L4-L5 AND L5-S1
DISCS, PARTICULARLY L5-S1. THERE ARE DEGENERATIVE CHANGES
PRESENT IN THE LOWER LEVEL FACET JOINTS.

IMPRESSION: DEGENERATIVE CHANGES LOWER LUMBAR SPINE. NO
ACUTE DISEASE IDENTIFIED.

RP

S. MANZIL M.D.

PRELIMINARY
UNSIGNED REPORT



CONSULTATION PROVIDED BY CAHABA IMAGING, P.C.

Homewood Plaza Office Bldg.
3125 Independence Drive, Suite 105
Homewood, AL 35209
(205) 802-6100 * 1-800-535-2189 * Fax: (205) 870-1207

I, the provider listed below, agree that I have looked at this patient's x-ray (s), documented the findings in the medical record, and treated the patient accordingly. Based on my findings I am requesting a "consultation/second opinion" on this patient. I agree that Medicare WILL NOT be billed for this "consultation/second opinion".

NAME <i>Fountain, Tony</i>	AGE <i>8/24/63</i>	DATE OF EXAM <i>6/24/99</i>	PATIENT # <i>152157</i>
CLINIC NAME <i>SCC</i>	PROVIDER NAME		
PROCEDURES: <i>L spine x-ray</i>	HISTORY		

Lumbar spine: The patient has degenerative change involving the L5-S1 interspace. No fracture or other abnormality is seen.
IMPRESSION: DEGENERATIVE DISC CHANGES AS DESCRIBED. OTHERWISE
NEGATIVE STUDY.

Maurice H. Rowell, Jr.

d & t: June 28, 1999
abs

Maurice H. Rowell, Jr., M.D.

*Shaw
Reid
7-1-99*

CAHABA IMAGING, P.C.

SUITE 110, 3300 CAHABA ROAD
BIRMINGHAM, ALABAMA 35223
(205) 802-6100 • 1-800-535-2189
Fax (205) 870-1207

RADIOLOGY REPORT

NAME <i>Fauntain, Tony</i>	AGE <i>32</i>	DATE OF EXAM <i>11/16/95</i>	ADDRESS <i>Cllo, AL.</i>
CLINIC NAME <i>Easterling</i>	REFERRING MD <i>Kilpatrick</i>	PATIENT #/SS# <i>152157</i>	
PROCEDURES: <i>X-Ray L-S spine</i>	HISTORY <i>Pain in BACK</i>		

10841

(11/2/95)

L-spine: The vertebrae are well aligned. Intervertebral disc spaces are well maintained except for very slight nonspecific narrowing at the L5-S1 level without associated sclerotic or hypertrophic changes. The examination is otherwise unremarkable.

IMPRESSION: THERE IS SLIGHT NARROWING OF THE L5-S1 INTERSPACE WHICH PROBABLY REPRESENTS A DEVELOPMENTAL VARIATION

d & t: November 14, 1995
alc

Howard P. Schiele M.D.
Howard P. Schiele, M.D.

CORRECTIONAL MEDICAL SERVICES DENTAL TREATMENT RECORD

NAME

J. J. J. J. J.

ID#

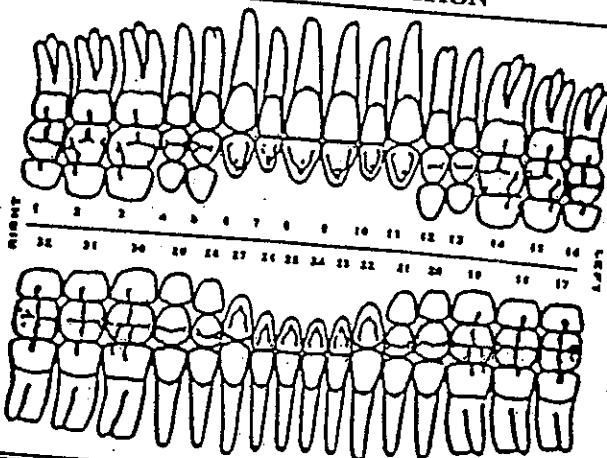
152157

RACE

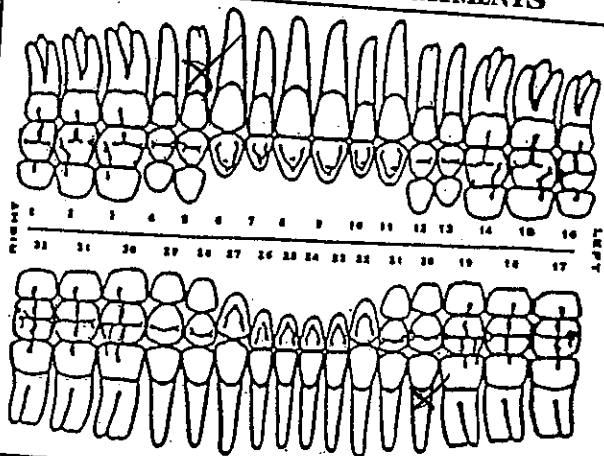
B

DOB

DENTAL EXAMINATION



RESTORATION AND TREATMENTS



Date of Initial Examination: 10-13-90

Initial Classification: 9/19/00

Oral Pathology: 10/29/01

Gingivitis: 9-19-02

Vincent's Infection

Stomatitis

Other Findings

Occlusion

Roentgenograms:

Periapical

Bitewing

Panorex

TOOTH

PRIORITY LIST

Allergic - MOLTAIN

HEALTH QUESTIONNAIRE

Are you in good health?

YES

NO

Allergies

Anemia

Asthma or other respiratory problems

Blood pressure conditions

Diabetes

Epilepsy

Excessive bleeding after surgery

Fainting

Pregnant?

Tuberculosis

Acquired Immune Deficiency (AIDS/HIV)?

Gastrointestinal disorders

Glaucoma

Heart disease or murmur

Hepatitis

Kidney problems

Reactions to anesthetics or medications

Rheumatic fever

Taking any medication

Thyroid conditions

Other conditions

YES

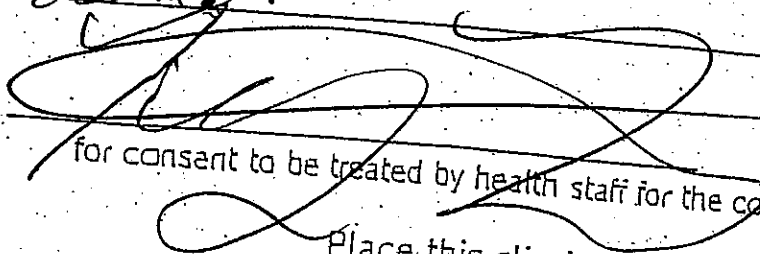
NO

see
D/C

~~Waphcare~~

Health Services Request Form

Name Tony Fountain Date of Request 08-17-02
152157 Date of Birth 08-24-62 Housing Location E2-18
Reason for problem or request I'm requesting an update (status) in
reference to a Dental Appointment over (8) eight months
ago concerning fitting for bottom partial plate to my
teeth.



AUG 18 2002

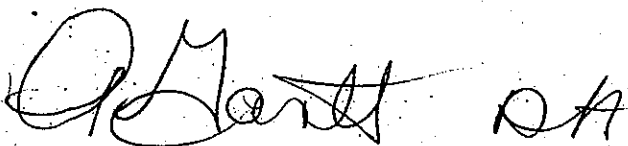
for consent to be treated by health staff for the condition described above.

Place this slip in Medical Box or designated area
DO NOT WRITE BELOW THIS LINE

Health Care Documentation
D/C was placed on list for P and
just wanted to make sure he is still
on list

BP _____ P _____ R _____ T _____

✓ on list

 RA

8-19-02

Health Services Request Form

22 Tony Fountain #152157

Date of Request 10-28-01

Date of Birth 08-24-62

Housing Location E2-18

of problem or request I like to see the Dentist, One in part
to 2 Filling Fell out. Yes this is an Emergency.

[Signature]
#152157

for consent to be treated by health staff for the condition described above.

Place this slip in Medical Box or designated area
DO NOT WRITE BELOW THIS LINE

OCT 28 2001

Health Care Documentation

S/C filling broke off of lower tooth -
tooth is sensitive to cold air and
water - hurts to eat on it

BP _____ P _____ R _____ T _____

ent. 5HCU @ 6:00

☐ PA/Physician ☐ Mental Health ☐ Dental
[Signature] *[Signature]*

11-29-11

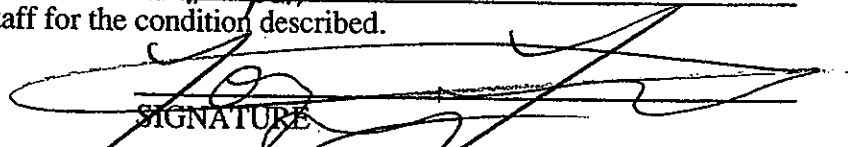
**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: Toay Fountain Date of Request: 12-3-98

ID #: 152157 Date of Birth: 08-24-63 Housing Location: 16-36

Nature of problem or request: I need to see the dentist concerning my filling
falling out on 11-28-98, I show-up for dental screening on 11-30-98
At 9:00 a.m. and stayed in the lobby up until 5:20 p.m. and
wasn't seen by the dentist. I'm in pain

I consent to be treated by health staff for the condition described.


SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan: no show

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: C. Battle Title: DA Date: 12/4/98 Time: _____

Dentist

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: Tony Fountain Date of Request: 11-29-98

ID #: 152157 Date of Birth: 08-24-63 Housing Location: 16-36

Nature of problem or request: Emergency Dental Care, on the
28, of this month my fillings in my tooth fell out, I'm
having problems eating and I'm in constant pain.

I consent to be treated by health staff for the condition described.


SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan: NO Show

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: C. Battle Title: DA Date: 11/29/98 Time: _____

SERVICES RENDERED

[illegible]

[illegible]

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: Tony Fountain Date of Request: 12-30-96
ID #: 152157 Date of Birth: 08-24-63 Housing Location: W-38
Nature of problem or request: Dentist (Fillings Fell out)

I consent to be treated by health staff for the condition described.


SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

Assessment:

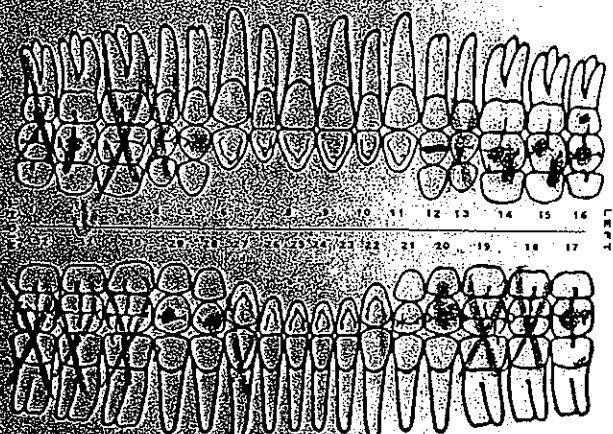
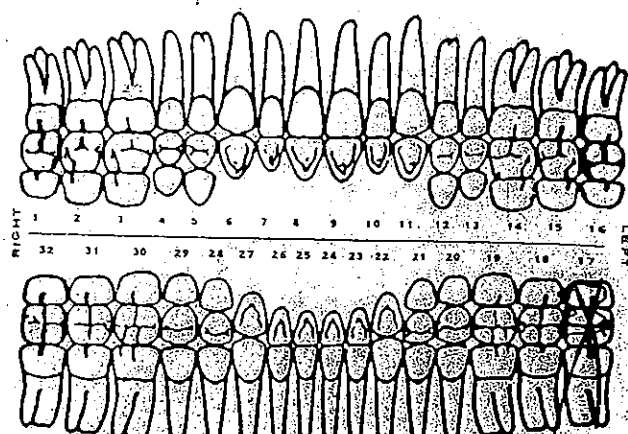
Plan:

RTC for op. ext

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: E. J. Jondy Title: DA Date: 12/31/96 Time: _____

DEPARTMENT OF CORRECTIONS
DENTAL TREATMENT

DENTAL EXAMINATION	RESTORATIONS AND TREATMENTS
	

Date of Exam: 9-13-75

Classification

Native Information

Fontana, Dora B/m #152157



Correc tional Medical Systems

DENTAL RECORD

Services Rendered

Date	Rooming	Diagnosis	Treatment	Initials	Class
3/29/91	1	NBS	2.2002 2.2002 100,000 6p 18d 12		
	3	root tip	100,000 6p 18d 12		
			100,000 6p 18d 12		
3/28/91	18	root tip	2.2002 2.2002 100,000 6p 18d 12		
			100,000 6p 18d 12		
3/7/91	16	OL AMALGAM	100,000 6p 18d 12		
		MOD AMALGAM	100,000 6p 18d 12		
7/2/91	2	OL AMALGAM	100,000 6p 18d 12		
	3	NO	100,000 6p 18d 12		
8/31/91	13	root tip	100,000 6p 18d 12		
10/18/91	20	caries	100,000 6p 18d 12		
10/14/91	7	caries	100,000 6p 18d 12		
2/21/92	11/5	caries	100,000 6p 18d 12		
4/16/92			100,000 6p 18d 12		
4/28/92			100,000 6p 18d 12		
5/21/92			100,000 6p 18d 12		
5/20/92	16		100,000 6p 18d 12		
1/21/93			100,000 6p 18d 12		
3/22/93			100,000 6p 18d 12		
3/10/93			100,000 6p 18d 12		
3/11/93			100,000 6p 18d 12		
1/3/94			100,000 6p 18d 12		
4/18/94			100,000 6p 18d 12		
6/20/94			100,000 6p 18d 12		

Patient's Last Name

First

Middle

DOB

10/1/93

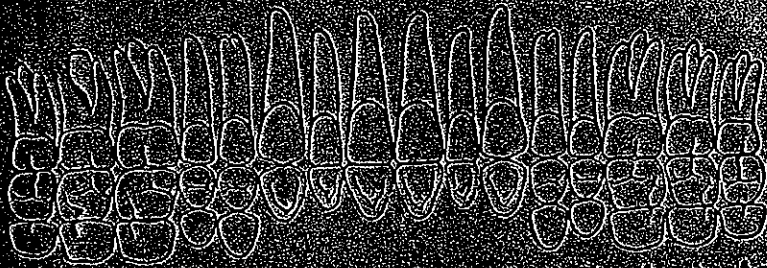
10/1/93

Fountain

Tom

Department of Corrections

INITIAL DENTAL EXAMINATION



REMARKS

DATE 6/29/92

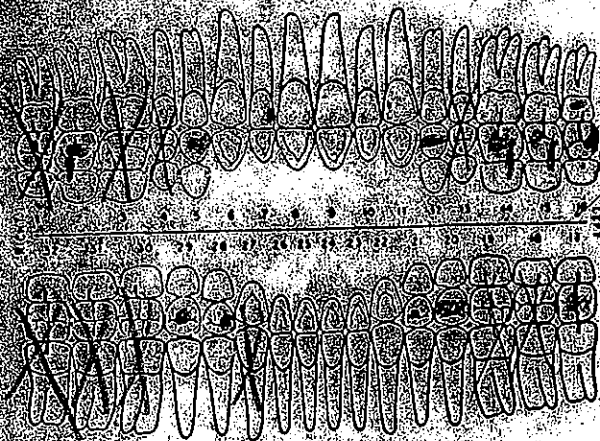
PLACE OF EXAMINATION

INITIAL CLASSIFICATION

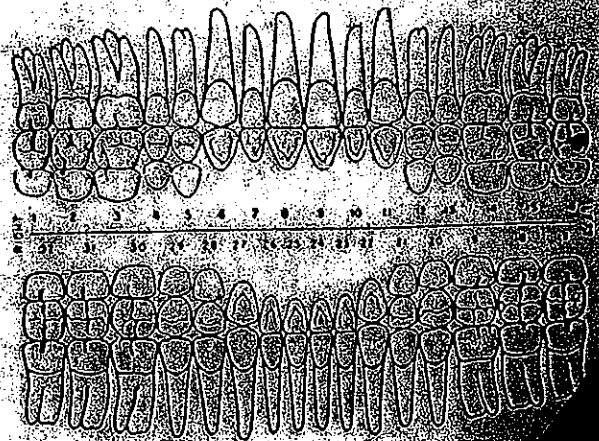
RADIOGRAPHS TAKEN

ADDITIONAL FINDING OF FORENSIC USE

TREATMENT INDICATED (RED)



RESTORATIONS AND TREATMENTS (BLACK)



(RECORD TREATMENT ON IDS FORM 503A)

Dental Name (Print)

Dental Signature

Patient's Last Name

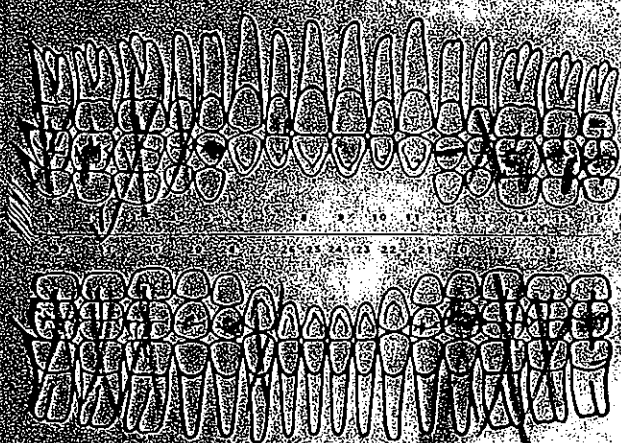
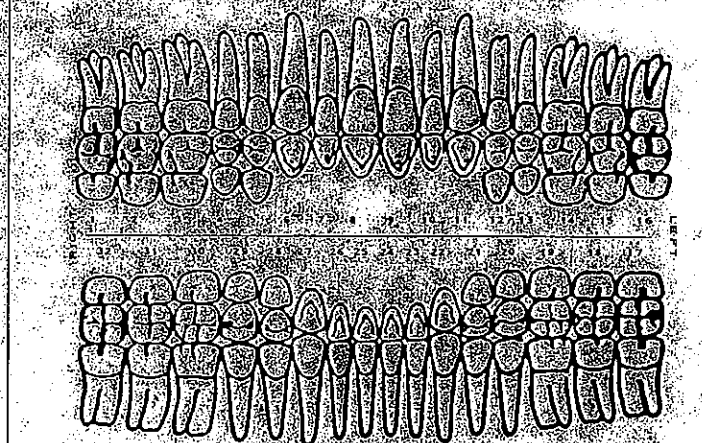
First

Middle

DOB

7/

DEPARTMENT OF CORRECTIONS
DENTAL TREATMENT

DENTAL EXAMINATION	RESTORATIONS AND TREATMENTS
	

Examination
Information

Classification

Entered

Tooth #	Diagnosis	Treatment	Restorals	Class
19		Scale Polish Chart Ret		
16	carls	R/S No DMD 3/10 W/B 2013 Cided 29-0 cop. Tpk 9-25 R/L fac p tooth # 16-B 10-20		
15		Scale polish chart Ret		
16	cc toothache	cc toothache, App. giv. 2 App. giv. 2		
17	cc toothache	cc toothache, App. F. lost ml. fillings 2 apps. 29-0 cop. 1100,000 5/10 1100,000 5/10 Block. 1000,000 5/10 1100,000 5/10 App. giv. 2 App. giv. 2 R/L fac p tooth # 16-B 10-20		
17	cc toothache	cc toothache, App. giv. 2 App. giv. 2 A hand a long wash block 20 x 10 1100,000 5/10 R/L fac p tooth # 16-B 10-20		

Inc

First

Middle

100

Fountain, Jony

Correctional Health Care, Inc.

KILEY HOSPITAL

DENTAL RECORD

Services Rendered

Date	Tooth #	Diagnosis	Treatment	Initials	Class
2/6/89			S/C N/S	Moguer	DA
2/13/89			S/C RTO for ext	Moguer	DA
3/3/89	27	NRC	slide down ext w/o dip potgued	Moguer	DA
3-9-89			SE - N/S	JM	DA
5-16-89			s/c -N/S	JM	DA
5-25-89			s/c -N/S	JM	DA
5-30-89			s/c - fill appt 7/6 at 6:15	JMS	DA
7-6-89	7	DL composite	1 carp. 290 x 10; 1:100,000 Ep used in buccal infiltration; heavy gingival retraction; VCA used; PTR for ETS; didn't want A-block		
9-15-89	30 31 32	Root tips " " " "	2 CARPS. 290 x 10; 1:100,000 Ep used in A mandibular block; simple for ETS; AREA of #32 CORE; PRAL POT given; Med. GIVE; PTR for ETS.		
5/8/90			S/C Appt made 6/25		
6-15-90			N/Z		
6-20-90			Se - free spot 8/17		
8-20-90			Se - free spot 10/4		
10-1-90	22	D temp filling	1 carp. 290 x 10; 1:100,000 Ep used in A mandibular block; VCA used; PTR op ok		
10-2-90	22	PF composite	1 carp. 290 x 10; 1:100,000 Ep used in A mandibular block; VCA used; CAP WITH VCA; PTR for mix		
1-4-91			Propyl Sulfide		
1-24-91	9	MF composite	1 carp. 290 x 10; 1:100,000 Ep used in buccal infiltration; VCA used; PTR for O.D.		

Patient's Last Name

First

Middle

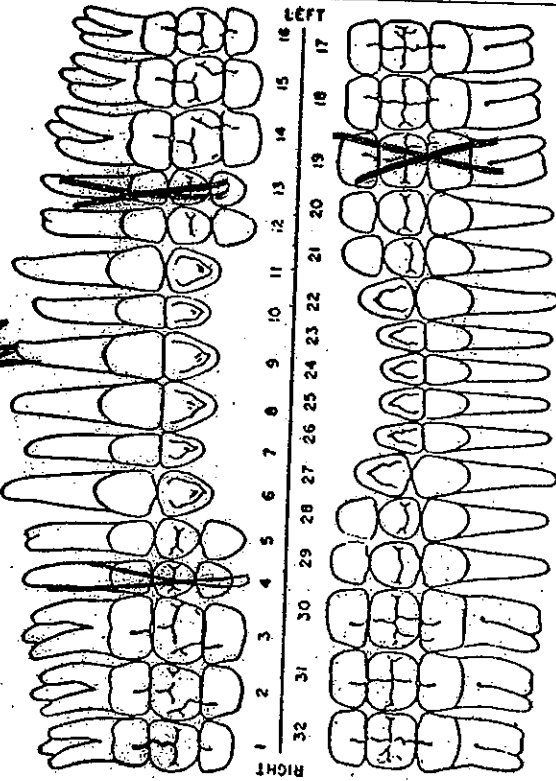
DOB

B/S

HIDING

Correctional Health Care, Inc.
INITIAL DENTAL EXAMINATION

REMARKS



PLACE OF EXAMINATION: KCF / RCC

INITIAL CLASSIFICATION: 1

RADIOGRAPHS TAKEN: 1

ADDITIONAL FINDING OF FORENSIC USE:

DATE 1/25/89

TREATMENT INDICATED (RED)

RESTORATIONS AND TREATMENTS (BLACK)

